

U.S. District Court,
My Name is Daniel Portugal #VS1068
case number CV 08 0276 ^{CRB}, on January of
this year I been try to send to your office
a Forma Pauperis due to the fact I don't have
money on my books. I have a problem with the
trust Account on this Department for whatever is
the reason the office is delay my petition as
your office could see Today February 6 I receive
my request but is my 3rd in Forma Paupers I
send to your office's. well with this said
I hope I receive a responds from your office's
soon, thank you for your time.

FILED
RECEIVED

FFR 15 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Sincerely
Daniel Portugal

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 1-31-08	TO Trust Accounting	FROM (LAST NAME) Portugal, D	CDC NUMBER V-S1068
HOUSING D91	BED NUMBER 122	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Please send this request to the court U.S.
District after your office certificate my paper's
Thank you for your time / the envelope is inside

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Plaintiff,

vs.

Defendant.

CASE NO. CV 08 0276

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, _____, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information.

1. Are you presently employed? Yes ___ No ☒

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 _____
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ____ No ____
 10 self employment
- 11 b. Income from stocks, bonds, Yes ____ No ____
 12 or royalties?
- 13 c. Rent payments? Yes ____ No ____
- 14 d. Pensions, annuities, or Yes ____ No ____
 15 life insurance payments?
- 16 e. Federal or State welfare payments, Yes ____ No ____
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ____ No ☒

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

1 b. List the persons other than your spouse who are dependent upon you for
 2 support and indicate how much you contribute toward their support. (NOTE:
 3 For minor children, list only their initials and ages. DO NOT INCLUDE
 4 THEIR NAMES.).
 5 _____
 6 _____

7 5. Do you own or are you buying a home? Yes ____ No ☒

8 Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9 6. Do you own an automobile? Yes ____ No ☒

10 Make _____ Year _____ Model _____

11 Is it financed? Yes ____ No ☒ If so, Total due: \$ _____

12 Monthly Payment: \$ _____

13 7. Do you have a bank account? Yes ____ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: _____
 15 _____

16 Present balance(s): \$ _____

17 Do you own any cash? Yes ____ No ☒ Amount: \$ _____

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
 19 market value.) Yes ☒ No ____
 20 _____

21 8. What are your monthly expenses?

22 Rent: \$ _____ Utilities: _____

23 Food: \$ _____ Clothing: _____

24 Charge Accounts:

25 Name of Account Monthly Payment Total Owed on This Acct.

26 _____ \$ _____ \$ _____

27 _____ \$ _____ \$ _____

28 _____ \$ _____ \$ _____

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)
3 _____
4 _____

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No ☒

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.
9 _____
10 _____

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 1-28-08

17 DATE

Daniel Portugal

SIGNATURE OF APPLICANT

18
19
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28

Case Number: CV 08 0276

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of V51068 Portugal, Daniel for the last six months at

SALINAS VALLEY STATE PRISON
ACCOUNTING DEPARTMENT
P.O. BOX 1020
SOLEDAD, CA 93960-1020

[prisoner name]

where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 0.

Dated: 2/6/08

R. Macias

[Authorized officer of the institution]

REPORT ID: TS3030 .701

REPORT DATE: 02/06/08

PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS
SALINAS VALLEY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 01, 2007 THRU FEB. 06, 2008

ACCOUNT NUMBER : V51068

BED/CELL NUMBER: FDB9T1000000122L

ACCOUNT NAME : PORTUGAL, DANIEL ALEJANDRO

ACCOUNT TYPE: I

PRIVILEGE GROUP: D

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
01/24/2008	H114	COPAY FEE, MED.	1929 COPAY	5.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	5.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE. 2/6/08
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY R. Macias SUSP
TRUST OFFICE

CURRENT
AVAILABLE
BALANCE

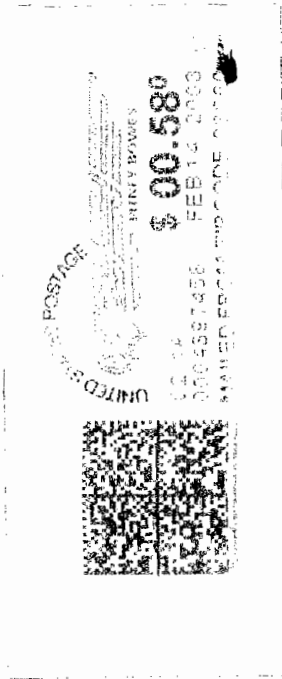
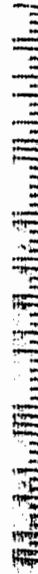
5.00-

Daniel Portugal - VS1068
 Salinas Valley State Prison
 P.O. Box 1050
 Salinas CA 95960

GENERATED MAIL
 STATE PRISON
 NOSIPD JWS

Legal Mail

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U.S. District Court
 Northern District of California
 450 Golden Gate Avenue
 San Francisco, California 94102